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Appendix 9 Diagnostic Services

Proc. Code	Description of Service	PA Required?	Allowable Age	Limitations
<i>Clinical Oral Examinations:</i>				
00120	Periodic Oral Examination	No	All	One per 12-month period per provider for ages 13 and older. One per six months per provider for ages 0 through 12.
00150	Comprehensive Oral Evaluation	No	All	One per three years per provider.
00160	Detailed and extensive oral evaluation-problem focused, by report	No	All	One per three years per provider.
W7060	Periodic Oral Exam (Additional) - HealthCheck other services	Yes	13-20	Up to two additional oral exams per year with a HealthCheck referral.
W7130	TMJ Office Visit	No	All	One per year per provider.
<i>Radiographs:</i>				
00210	Intraoral, complete series (including bitewings)	No*	All	One per three years per provider Not billable within six months of other x-rays including 00220, 00230, 00240, 00270, 00272, 00274, 00330 except in an emergency. ¹ (Panorex plus bitewings may be billed under 00210.)^
00220	Intraoral - periapical, first film	No	All	One per day Not billable for same date as, or six months after, 00210.^
00230	Intraoral - periapical, each additional film	No	All	Up to three per day Must be billed with 00220 Not billable for same date as, or six months after, 00210.^

Key:

- ¹ - Retain records in recipient files regarding nature of emergency.
- * - Frequency limitation may be exceeded only with prior authorization.
- ^ - Six-month limitation may be exceeded in an emergency as indicated by "E" on the claim form. The same date of service limitation may *not* be exceeded in an emergency.

Issued: 11/98

Appendix 9 Diagnostic Services (continued)

Proc. Code	Description of Service	PA Required?	Allowable Age	Limitations
00240	Intraoral - occlusal film	No	All	Up to two per day Not billable for same date as 00210.
00250	Extraoral - first film	No	All	<i>Emergency only</i> , one per day. ¹
00260	Extraoral - each additional film	No	All	<i>Emergency only</i> , only two per day. ¹ Must be billed with 00250.
00270	Bitewing - single film	No	All	One per day, up to two per six-month period, per provider. Not billable for same day as, and for six months after, 00210, 00270, 00272, or 00274. [^]
00272	Bitewings - two films	No	All	One set of bitewings per six-month period, per provider. Not billable for same day as, and for six months after, 00210, 00270, 00272, or 00274. [^]
00274	Bitewings - four films	No	All	One set of bitewings per six-month period, per provider. Not billable for same day as, and for six months after, 00210, 00270, 00272, or 00274. [^]
00330	Panoramic Film	No*	All	<i>Emergency only</i> , or orthodontia diagnostic only with prior authorization. ¹ One per day when another radiograph is insufficient for proper diagnosis Not billable with 00210, 00270, 00272, or 00274.
00340	Cephalometric Film	Yes	All	Orthodontia diagnosis only.
<i>Tests and Laboratory Examinations:</i>				
00470	Diagnostic Casts	Yes	All	Only upon DHFS request.

Key:

- ¹ - Retain records in recipient files regarding nature of emergency.
- * - Frequency limitation may be exceeded only with prior authorization.
- [^] - Six-month limitation may be exceeded in an emergency as indicated by “E” on the claim form. The same date of service limitation may not be exceeded in an emergency.

Issued: 11/98

Appendix 9 Diagnostic Services (continued)

COVERED SERVICES

DEFINITION	<p>Diagnostic services include oral evaluations, selected radiographs, and diagnostic casts to:</p> <ul style="list-style-type: none"> - Assess oral health. - Diagnose oral pathology. - Develop an adequate treatment plan for the recipient's oral health. <p>Dentists are required to bill the oral evaluation procedure appropriate to the level of service provided.</p> <p>Children ages 13-20 may receive up to two additional oral evaluations per year through HealthCheck. These additional evaluations must be prior authorized.</p>
ORAL EVALUATION DOCUMENTATION	<p>Dentists must document and maintain oral evaluation information in the same manner as they do for other patients. Wisconsin Medicaid regulations and accepted standards of dental care require documentation of:</p> <p>Periodic Oral Evaluation</p> <ul style="list-style-type: none"> - Changes in dental and medical health since the last oral evaluation. - Diagnosis of dental diseases. - Interpretation of information acquired through additional diagnostic procedures. <p>Comprehensive Oral Evaluation</p> <p>Documents:</p> <ul style="list-style-type: none"> - Review of medical and dental history including chief complaint. - Blood pressure; baseline and additional, if appropriate. - Intra-and extra-oral soft and hard tissue examination. - Charting of the dentition, restorations, and periodontal conditions (including periodontal charting and tooth mobility). - Occlusal relationships. - Dental diagnosis and treatment plan. - Interpretation of information acquired through additional diagnostic procedures. <p>Detailed and Extensive Oral Evaluation</p> <ul style="list-style-type: none"> - Problem-focused findings of comprehensive evaluation. - Integration of more extensive diagnostic modalities. - Diagnosis, prognosis, and treatment plan.
RADIOGRAPHS	<p>Only a limited number and variety of radiographs are covered. Reimbursement for radiographs includes exposure of the radiograph, developing, mounting, and radiographic interpretation.</p> <p>An intraoral complete series may include either a periapical series plus bitewings or a panorex plus bitewings. Individual panoramic radiographs are covered in emergency situations or for orthodontia diagnosis only.</p>

Issued: 11/98

Appendix 9 Diagnostic Services (continued)

ORAL EVALUATIONS DONE IN NURSING HOMES OR FOR CHILDREN To provide greater flexibility in scheduling when oral exams are provided to an adult nursing home resident or to children, the time period between oral evaluations may be as few as 330 days for adult nursing home residents and 160 days for children.

DETAILED AND EXTENSIVE ORAL EVALUATION Examples of conditions requiring this type of evaluation may include dentofacial anomalies, complex temporomandibular dysfunction, facial pain of unknown origin, or severe systemic diseases requiring multi-disciplinary consultation.

PRIOR AUTHORIZATION

FULL MOUTH RADIOGRAPHS Additional full mouth (intraoral complete series) radiographs or panoramic x-rays can receive prior authorization in cases of trauma or other unusual medical or dental clinical histories, such as cancer or rampant decay.

CEPHALOMETRIC RADIOGRAPHS Cephalometric radiographs are allowed only for orthodontic cases and always require prior authorization (PA) and a HealthCheck exam.

PANORAMIC RADIOGRAPHS Panoramic radiographs for orthodontic cases also require a PA and a HealthCheck exam.

BILLING

BILLING RADIOGRAPHS All x-rays provided on the same date of service are required to be billed on the same claim form. Duplicate billings are denied.

DETAILED AND EXTENSIVE ORAL EVALUATION Claims for detailed and extensive oral evaluation are required to be filed on paper with a copy of the office progress notes to document the medical necessity for an extensive problem-focused evaluation.

EMERGENCY SERVICES Emergency services are defined as services that must be provided immediately to relieve pain, swelling, acute infection, trismus, or trauma. Because the American Dental Association (ADA) claim form does not have a means to designate emergency treatment by procedure, all claims for emergency services must be identified by an "E" in the "For Administrative Use Only" box on the line item for the emergency service of the ADA claim form or element 24I of the HCFA 1500 claim form in order to exempt the services from copayment deduction. Only the letter "E" without any additional letters is accepted. Information relating to the definition of a dental emergency is in Section II-A of this handbook.

EMC claims use a different field to indicate an emergency. Refer to your EMC manual for more information.

ADDITIONAL INFORMATION

In addition to this summary, refer to:

- The preceding pages for a complete listing of Wisconsin Medicaid covered diagnostic services, procedure codes, and related limitations.
- Appendix 31 for a summary of required billing documentation.
- Appendix 24 for a summary of required documentation needed for PA requests.